

COUNTY OF LOS ANGELES

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January 8, 2015

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TO:

PATRICK OGAWA

Acting Executive Officer

Board of Supervisors

Attention: Agenda Preparation

FROM:

PATRICK A. WU

Senior Assistant County Counsel

Executive Office

RE:

Item for the Board of Supervisors' Agenda

County Claims Board Recommendation

Jospeh Ober v. County of Los Angeles, et al.

United States District Court Case No. CV 10-10032

Attached is the Agenda entry for the Los Angeles County Claims Board's recommendation regarding the above-referenced matter. Also attached are the Case Summary and the Summary Corrective Action Plan to be made available to the public.

It is requested that this recommendation, the Case Summary, and the Summary Corrective Action Plan be placed on the Board of Supervisors' agenda.

PAW:cs

Attachments

Board Agenda

MISCELLANEOUS COMMUNICATIONS

Los Angeles County Claims Board's recommendation: Authorize settlement of the matter entitled <u>Joseph Ober v. County of Los Angeles, et al.</u>, United States District Court Case No. CV 10-10032, in the amount of \$400,000 and instruct the Auditor-Controller to draw a warrant to implement this settlement from the Sheriff's Department's budget.

This lawsuit concerns allegations of excessive force by Sheriff's Deputies after Plaintiff's arrest, denial of medical treatment and religious discrimination.

CASE SUMMARY

INFORMATION ON PROPOSED SETTLEMENT OF LITIGATION

CASE NAME

Joseph Ober v. County of

Los Angeles, et al.

CASE NUMBER

CV10-10032 DMG (SHx)

COURT

United States District Court

DATE FILED

Complaint filed: 12/29/2010

COUNTY DEPARTMENTS

Sheriff's Department

PROPOSED SETTLEMENT AMOUNT

400,000

ATTORNEY FOR PLAINTIFF

Law Offices of John Burton

COUNTY COUNSEL ATTORNEY

Edwin A. lewis

NATURE OF CASE

This is a recommendation to settle for \$400,000 the lawsuit filed by Plaintiff Joseph Ober, alleging that after his arrest for annoying and molesting a minor, he was attacked and beaten by Los Angeles County Deputies at the Inmate Reception Center without any justification. Mr. Ober further claims that he was denied medical treatment and that his request for Kosher food was met with the casting of religious aspersions by Sheriff's personnel. The Sheriff's Department denies the allegations.

Due to the risks and uncertainties of litigation, a full and final settlement of the case in the amount of \$400,000 is recommended.

PAID ATTORNEY FEES, TO DATE

\$ 210,953

PAID COSTS, TO DATE

\$ 26,433

Case Name: Joseph Ober v. County of Los Angeles, et al.

Summary Corrective Action Plan



The intent of this form is to assist departments in writing a corrective action plan summary for attachment to the settlement documents developed for the Board of Supervisors and/or the County of Los Angeles Claims Board. The summary should be a specific overview of the claims/lawsuits' identified root causes and corrective actions (status, time frame, and responsible party). This summary does not replace the Corrective Action Plan form. If there is a question related to confidentiality, please consult County Counsel.

Date of incident/event	Wednesday, April 14, 2010; approximately 2:20 p.m.
Briefly provide a description of the incident/event:	Joseph Ober v. County of Los Angeles, et al. Summary Corrective Action Plan No. 2014-034 On Wednesday, April 14, 2010, at approximately 2:20 p.m., the plaintiff was being processed into the Los Angeles County Inmate Reception Center. During the initial identification process, the plaintiff became argumentative and uncooperative. A Los Angeles County deputy sheriff spoke to the plaintiff and appeared to restore the plaintiff's cooperation. The plaintiff asked the deputy sheriff for assistance in rising from the floor. As the deputy sheriff placed his hands on the plaintiff's left arm to assist him, the plaintiff initiated a violent confrontation with the deputy sheriff. As a result, members of the Los Angeles County Sheriff's Department were compelled to use physical force to defend themselves and overcome the resistance offered by the plaintiff. After the violent struggle between the plaintiff and the members of the Los Angeles County Sheriff's Department, the plaintiff was subsequently restrained and ultimately placed in handcuffs.

Briefly describe the <u>root cause(s)</u> of the claim/lawsuit:

The root cause in this incident is the plaintiff's allegation that he was subjected to unreasonable physical force by members of the Los Angeles County Sheriff's Department.

 Briefly describe recommended corrective actions: (Include each corrective action, due date, responsible party, and any disciplinary actions if appropriate)

The Los Angeles County Sheriff's Department had relevant policies and procedures/protocols in effect at the time of the incident.

The Los Angeles County Sheriff's Department's training curriculum addresses the circumstances which occurred in the incident.

This incident was thoroughly investigated by representatives from the Los Angeles County Sheriff's Department's Inmate Reception Center. Their review found that the force used by the members of the Los Angeles County Sheriff's Department was objectively reasonable and within Department

Page 1 of 2

No employee misconduct is suspected, and no systemic issues were identified. Consequently, no personnel-related administrative action was taken, and no other corrective action measures are recommended nor contemplated. 3. Are the corrective actions addressing department-wide system issues? ☐ Yes – The corrective actions address department-wide system issues. ☑ No – The corrective actions are only applicable to the affected parties. Los Angeles County Sheriff's Department Name: (Risk Management Coordinator) Scott E. Johnson, Captain Risk Management Bureau Signature: Name: (Department Head) Earl M. Shields, Chief **Professional Standards Division** Signature: Date: Chief Executive Office Risk Management Inspector General USE ONLY Are the corrective actions applicable to other departments within the County? Yes, the corrective actions potentially have County-wide applicability. No, the corrective actions are applicable only to this department. Name: (Risk Management Inspector General) Signature: Date: